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(Signature)

16 September 2005

(Date)

09/916,377

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09-916,377	07/27/2001	Chi-Lie Wang	3COM 3655-1	7618

TITLE OF INVENTION: NETWORK INTERFACE SUPPORTING VIRTUAL PATHS FOR QUALITY OF SERVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FAROQQ, MOHAMMAD O	2182	709-220000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mark A. Haynes

2 Haynes Beffel &amp; Wolfeld LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

09/19/2005 HDEHES2 00000057 09916377

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

01 FL:1501

1400.00 DP

3COM CORPORATION

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 60-0869/3COM 3655-1 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mark A. Haynes

Date: 16 September 2005

Typed or printed name

Mark A. Haynes

Registration No. 30,846

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## FACSIMILE TRANSMITTAL FORM

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TRANSMITTED TO:	Central Fax
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FROM:	Mark A. Haynes
CLIENT/MATTER:	Application No. 09/916,377 (3COM 3655-1)
DATE:	September 16, 2005

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